

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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55						
56						
57						
58						
59						
60						
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62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						



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	IND	DEP	IND	DEP	IND	DEP
1						
2						
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27	1					
28	1					
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32	1					
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34	1					
35						
36						
37						
38						
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41	1					
42						
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47	1					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

51						
52						
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
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61	1					
62	1					
63	1					
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75	1					
76	1					
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78	1					
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80	1					
81	1	2				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	29					
TOTAL DEP.	153					
TOTAL CLAIMS	182					